hyperesthesia was marked. Walking was entirely impossible, and on being supported the child held the lower limbs in a condition of marked rigidity. Electrical irritability was preserved throughout, except in the rectus and obliquus abdominalis, especially the rectus, where some quantitative diminution to both currents was found, but no polar changes. The treatment consisted of KI internally, and the application of the galvanic current. For two months there was persistence of sphincteric trouble, pain and muscular rigidity, with excessive sweating day and night. Then improvement began, which ended in complete recovery four and a half months after the onset of the disease. The child could then run, jump, and perform all movements as before her sickness, but there still remained a slight varus of the right foot, and the latter was dragged somewhat in walking. From the suddenness of onset of the symptoms and their gradual increase during the first days of the disease, the author favors the diagnosis of hemorrhage, and from the rather short duration of the process he inclines to the belief that the bleeding occurred in the meninges, rather than into the the cord. He does not positively exclude cord hemorrhages, however, because in a case of pertussis which came to autopsy from the pediatric clinic in Florence there were found minute hemorrhages in the spinal cord, medulla and brain, which had given rise to no discoverable symptoms *intra vitam.* Luisada was unable to find but one case similar to his in the literature. J. W. COURTNEY.

255. BEITRAG ZUR CASUISTIK DER OPHTHALMOPLEGISCHEN MIGRÄNE (Clinical Contribution to Ophthalmoplegic Migraine). Rudolf Paderstein (Deutsche Zeitschrift für Nervenheilkunde, Vol. 15, Nos. 5 and 6, p. 418).

Paderstein reports two cases of ophthalmoplegic migraine, one of which was rather atypical, and gives abstracts from a number of cases in the literature in support of his views. He believes that there is an idiopathic disease in which migraine is combined with attacks of paralysis of ocular muscles. The name of "periodic, or recurring oculomotor paralysis," as applied to this affection, is objectionable, because the prominent symptom of migraine is ignored, and the involvement of ocular muscles not supplied by the oculomotor nerve is excluded; the name of ophthalmoplegic migraine is, therefore, better. It is uncertain whether the ophthalmoplegic migraine is a variety of ordinary migraine or a disease *sui generis,* as the etiology of both forms is unknown.

SPILLER.

ANATOMY.

256. THE NEURON RETRACTION THEORY (Weil, R., and Frank, B.).

We are indebted to Dr. Ira Van Gieson for a synopsis of a paper by Mr. Weil and Mr. Frank on the inadequacy of the evidence of neuron retraction furnished by methods of the Golgi type, which was read before the New York Pathological Society on work done at the "Pathological Institute."

Investigation is directed as to the validity of the occurrence of varicosities and retraction of gemmules along the dendrons as evidence of retraction, as demonstrated by the Golgi methods. The investigations were based on 43 cases; five were of human material, the rest rabbits; ten of the rabbits were normal, two were poisoned by morphine, one by strychnine, four by chloroform, and the rest by the injection of hypertoxic urine, or serum.

Other investigators have uniformly employed either the rapid Golgi (or Cajal) method, or the Cox method. In this research nine of the cases were treated according to four separate procedures, namely, the slow, mixed and rapid modifications of the bichromate of silver method, and the Cox modification of the bichromate-sublimate method; two cases, by the rapid method and that of Cox, and the rest of the material according to some one of these procedures alone. A comparison of this material with especial reference to the alleged pathological changes demonstrated the following points:

First, that the same material when treated by the different methods yields different results; thus, all material treated by the slow modification shows dendrites which are uniformly non-varicose, while any material treated by the other three procedures regularly reveals varicosities on the dendrites. Second, the above results are independent of the nature of the material, whether derived from normal or poisoned animals. Third, the same material does not yield constantly identical results when treated either by the mixed, rapid, or Cox procedures, as fragments cut from the same cortex, and immersed in the same fluid, of any one of these three methods may show dendrites with every degree of the varicoseness. JELLIFFE.

257. DER GEGENWÄRTIGE STAND DER NEURONLEHRE (The Present Position of the Neuron Theory). A. Hoche (Centralblatt f. Nervenheilkunde u. Psychiatrie, 22, 1899, p. 276).

Hoche is one of the school that would teach the passing of the neuron theory. He here presents a series of conclusions in which he writes that the conception of the neuron as outlined by Waldeyer is no longer tenable. The fibrillar theories of Apáthy, Bethe, and others do not interfere with the data derived from embryology. The individuality of the neuron in a histological sense is no longer to be upheld for vertebrates. Human and animal experimental pathology show that there is an individuality in the neuron, trophic and functional, even if the evidence for histological individuality is wanting. The author thus tries to make incomplete histological evidence of more value than complete physiological truth. JELLIFFE.

258. UEBER CENTRAL NEURITENENDIGUNGEN (On Central Nervous Endings). Semi Meyer. (Archiv f. mikroskopische Anatomie, 54, 1899, p. 296).

The old Gerlach reticulum about the cell-body has still a place in nerve cell histology, according to Meyer, who here contributes a critical study of the nerve terminations within the central nervous system. Very recent work by Golgi and Cajal by the silver methods bears out the testimony afforded by the methylene blue method, and seems to show that the nerve terminations about the cell body are extremely complex. The nerve termination comes in contact with the cell body, spreads about it, and completely enfolds it. He also maintains that the present-day conception of the Waldeyer neuron is tenable, and that Apáthy's and Bethe's evidence, even if mainly authentic, does not necessarily negative the generally accepted view of the neuron theory; moreover, continuity of fibrils is as yet only conjectured, not proven. JELLIFFE.